

URBAN DISTRICT OF WEST BRIDGFORD.Interim Annual Report of the Medical Officer of Health for
the year 1943.

To the Chairman and Members of the West Bridgford Urban District
Council

Gentlemen,

I beg to present my interim Annual Report for the year 1943 with an apology for its delay owing to pressure of other work.

The year 1943 was one of much activity in legislative quarters but the work was largely of a preparatory nature, as revealed, either in 1943 or early in 1944, by the publication of "White Papers" on such matters as Social Security, a National Health Service, Education, Water Supplies, Milk Control, Housing, etc.,

At one time sweeping changes in local government after the war were foreshadowed but at present it does not seem as if the changes would be so great as was thought likely. There will be much work to be done but it is likely to be more productive than during the war and therefore more satisfying. One hopes that before another annual report is compiled conditions will be more stable and the outlook for the future more certain.

I am,

Yours faithfully,

Wm. B. WATSON,
Medical Officer of Health.

Chairman of Health Committee - Mr. P.A. Izzett, J.P., C.C.

W.B. Watson, L.R.C.P., L.R.C.S., D.P.H., Medical Officer of Health.

J. Eckersley, A.R.S.I., R.P., Sanitary Inspector.

H. Carmichael, M.I.M.&C.E., M.R.S.I. Engineer & Surveyor.

Over

VITAL STATISTICS.

Birth Rate (per 1000 population)	13.8	(England & Wales 16.5)
Crude Death Rate(" " ")	13.2	(" " " 12.1)
Corrected Death Rate(" ")	12.1	
Death Rate of Infants under one year of age (per 1000 live births)	44	(England & Wales 49)

There was one maternal death.

Any comments on vital statistics at present must be made and accepted with reserve because of the inaccuracy of war-time figures of population and the abnormal constitution of that population. But there should be no doubt about the occurrence of a rise in the birth-rate, in common with the Country generally. The figure 13.8 is 1.3 higher than that of 1942 which was itself the highest of which I have records, dating back to 1929. The rate is not calculated on the crude number of births registered locally but on a number which takes account of inward and outward transfers. Similarly the death rate (although termed the crude rate) represents the deaths properly belonging to West Bridgford. The corrected death rate is inaccurate at present. The one shown above has been arrived at by use of the factor issued in 1938 and not since issued. The corrected death rate for 1943 was higher than that for 1942 (10.0) but not so high as that of 1941 which was 13.1. These differences are similarly shown in the crude death rates.

It is gratifying to be able to record a slightly greater number of births than deaths.

Ambulance Facilities. It should be recorded that in spite of the withdrawal of the former male ambulance drivers for full-time service with the National Fire Service the Council's Ambulance Service has continued to expand. The increased demand has been met by the employment of drivers and attendants belonging to the Civil Defence Ambulance Service, who have given every satisfaction. Similarly the Civil Defence Casualty Service has come to the rescue by supplying a war-time ambulance if one of the Council's ambulances happened to be off the road.

Nursing in the Home. Under this peace-time heading of pre-war reports one might record the valuable service of Home Helps inaugurated late in the year 1943 by the British Red Cross Society and the Womens Voluntary Service at the instigation of the Ministry of Health. The epidemic of influenza created the need at that time but the voluntary agencies have most kindly continued to meet occasional requests ever since. This is a service which must be placed on a permanent footing after the war. Fewer households than formerly have members who are free to look after invalids and the relative increase in the number of elderly people creates a greater demand for such a service.

Hospitals. The temporary hospital for infectious cases at Debdale Hall continued to ease the burden carried by Local Authorities in the South Notts. area in accommodating patients requiring isolation. Both scarlet fever and diphtheria were catered for. But approximately half of the applications for admission could not be met and accommodation had to be sought elsewhere. The need for the hospital foreshadowed in the scheme of 1935 remains as great as ever, especially when one remembers that doctors often have patients who should go to hospital but for whom no application is made because the lack of accommodation is known. Bad cases of measles and whooping cough are representative of the group.

Sanitary Inspection. War-time problems continued to keep the Sanitary Inspector very busy. Endless patience and ingenuity are called for in dealing with housing defects and other problems in war-time. People are desperate for houses and the Sanitary Inspector is credited with miraculous power.

Rats. Everything possible was done to meet the request of the Government for an intensive campaign against rats. The infestation is severe and war-time conditions have aggravated it. Rats are killed in such consistently large numbers that one wonders if we are holding our own. The nature of our infestation is such as to make it difficult to estimate the rat population.

Milk. Comments on the milk problem - for problem it is - must be reserved for a post-war report because of shortage of paper and the present changing nature of the administration of milk control. We are paying for our mistake in not attaining a high standard of quality before we made milk the popular food it is.

Infectious Disease. Scarlet fever was prevalent in the early part of the year in continuation of the epidemic of 1942. Measles (185) was again prevalent. It has not shown the same marked cycles of incidence as it did in times of peace - possibly due to mixing of the population. There were 9 cases of diphtheria, 6 of them adults. This preponderance of adults is in keeping with the experience of other places. It has been attributed to the effects of immunisation of children. If the increase is only relative to the total number one can understand it but in this case it was an actual increase and therefore difficult to explain. The other three cases occurred in children who had been inoculated with the first batch of immunising material which was found not to be as potent as is desirable. This drawback was quickly recognised and the material changed. The potency was, of course, only below the optimum and not such as to be without any immunising effect. Only one case of enteric fever occurred and there were again no cases of cerebrospinal fever. There were no deaths from any of the notifiable infectious diseases. The incidence of tuberculosis was much the same as in previous years.

Prevention of Diphtheria. Sessions for the immunisation of children were held at monthly intervals and the response continued to be good but varied with the activity of the national propaganda. At the end of 1943 the figures submitted to the Ministry of Health were: Estimated percentage of the child population immunised, (a) under 5, 77, (b) 5-15, 70. The first figure is below the actual because it is calculated on the total population under 5 whereas babies are not immunised until they are 12 months old.

Scabies. Few notifications are received and most of the families obtain efficient treatment privately. In one or two instances, however, the treatment has not been effective and in such cases treatment at a cleansing station or clinic would have been helpful. It may be possible to arrange for facilities to be available after the war.
